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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M16815 (6)

1. Corporation Name
LAS AMERICAS AUTOSERVICE, INC.



Principal Place of Business
2201 S.W. 122 AVENUE
MIAMI FL 33175

Mailing Address
2201 S.W. 122 AVENUE
MIAMI FL 33175-7344

3. Date Incorporated or Qualified 06/17/1985	3a. Date of Last Report 03/14/1996
4. FEI Number 59-2635204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent
QUESADA, G. FRANK
747 PONCE DE LEON BLVD.
STE. 610
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	MORALES, SILVIO A.
STREET ADDRESS	730 S.W. 101ST CT. CIR.
CITY - ST - ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	PERNAS, CARLOS
STREET ADDRESS	730 S.W. 101ST CT. CIR.
CITY - ST - ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	RIVERA, ARISTIDES
STREET ADDRESS	730 S.W. 101ST CT. CIR.
CITY - ST - ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	PERNAS, DELFIN
STREET ADDRESS	730 S.W. 101ST CT. CIR.
CITY - ST - ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	SANTA-CRUZ, RALPH
STREET ADDRESS	730 S.W. 101ST CT. CIR.
CITY - ST - ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MORALES, SILVIO R.
STREET ADDRESS	730 S.W. 101ST CT. CIR.
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE *Silvio A. Morales* SILVIO A. MORALES 1/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)